STATE OF CONNECTICUT
OFFICE OF HEALTH STRATEGY
STATE INNOVATION MODEL PROGRAM MANAGEMENT OFFICE

REQUEST FOR PROPOSALS (RFP)

HEALTH ENHANCEMENT COMMUNITY INITIATIVE: REFERENCE COMMUNITIES

Executive Summary

The State Innovation Model (SIM) Program Management Office is soliciting no less than three community health collaboratives, herewith called *"reference communities,"* to work with the State in planning for a new **Health Enhancement Community (HEC)** initiative as part of Connecticut's SIM strategy. The HEC initiative aims to foster community-wide multi-sector collaboration and accountability to promote community health improvement and equity. Reference communities selected through this Request for Proposals (RFP) will work closely with the State for a 7-month period to provide recommendations and community-specific solutions to advance the development of an actionable HEC strategy. Preference will be given to proposals that demonstrate a broad array of engaged partners with readiness to work with the State and a shared commitment to examine barriers and opportunities essential to the development of an HEC strategy. Respondents to this RFP can request funding of up to $50,000 per collaborative, to support costs related to their participation in this planning process.

Applications must be submitted electronically on or before the date indicated below to:
Faina.dookh@ct.gov

RFP Name	HEC Initiative: Reference Communities
RFP Release Date	February 6, 2018
Electronic Location of Request for Proposals	https://biznet.ct.gov/SCP_Search/BidDetail.aspx?CID=45463
Letter of Intent (optional) Due Date	February 23, 2018
Request for Proposals Application Due Date	**March 13th , 2018 at 3pm**
Anticipated Notice of Award	March 23rd, 2018
Period of Award	April 9st, 2018 – September 13th, 2018
Anticipated Number of Awards	No less than three awards of up to $50,000 each
Eligible Applicants	Community health collaboratives with strong buy-in from a diverse group of stakeholders, commitment to engage with the state, and insights related to the HEC planning process

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1 BACKGROUND INFORMATION

1.1 CONNECTICUT'S STATE INNOVATION MODEL

The State Innovation Model (SIM) initiative is a Center for Medicare & Medicaid Innovation (CMMI) effort to develop and implement state-led, multi-payer healthcare payment and service delivery model reforms that will promote healthier people, better care, and smarter spending in participating states. Connecticut received a $45 million SIM grant from CMMI to implement a multi-faceted strategy from 2015-2019 to improve the health outcomes and healthcare spending trajectory of the state, as well as to improve the sizeable health disparities that continue to persist. The Health Enhancement Community Initiative is the state's most recent SIM effort to drive towards these aims.

SIM website: http://www.healthreform.ct.gov/ohri/site/default.asp

1.2 HEALTH ENHANCEMENT COMMUNITY INITIATIVE

Connecticut's State Innovation Model is implementing a range of care delivery and payment reforms to improve health care and slow the growth of healthcare spending. However, taken alone, these are not enough to make Connecticut a place where preventable deaths, diseases, and health disparities are eliminated and every person enjoys the best health possible. To achieve these ambitious goals, Connecticut's SIM will partner with at least three reference communities and a broad array of stakeholders to design a Health Enhancement Community initiative that moves beyond treating illness, to address the root causes of poor health, including behavioral and social determinants of health.

The Health Enhancement Community initiative focuses on creating the conditions that promote and sustain cross-sector community-led strategies focused on prevention. A *provisional* definition to begin the planning process is as follows:

> *A Health Enhancement Community is accountable for health, health equity, and related costs for all residents in a geographic area; uses data, community engagement and cross sector activities to identify and address root causes; and operates in an economic environment that sustainably funds and rewards such activities by capturing the economic value of improved health.*

Many components of the HEC definition are intentionally undefined in order to accommodate a thoughtful, community-driven planning process.

The HEC initiative and planning efforts are being jointly administered by both the Office of Health Strategy, State Innovation Model (SIM) and Department of Public Health. An HEC planning consultant will be contracted by the State to provide subject matter expertise and strategic planning activities to develop an innovative, logical, clear and actionable strategy to support and enable HECs in Connecticut's communities. The HEC strategy will be designed using a community-driven process that is relevant to and has strong buy-in from a diverse set of stakeholders, which includes working with selected reference communities in a problem-solving partnership to develop an actionable strategy and community-specific approach. The HEC planning vendor will

also conduct financial modeling and actuarial analyses to quantify the magnitude of the economic opportunity associated with health improvements that may be undertaken by HECs. Input from members of the SIM Population Health Council and Health Care Innovation Steering Committee will be solicited throughout the planning process. Lastly, the HEC consultant will produce a summary report and plan that operationalizes key components of the HEC initiative.

Envisioned Core Elements for HECs:

Multi-Sector Partnerships

- Strong buy-in from a diverse set of stakeholders.[1]
- Clarity regarding roles and responsibilities.
- Sound governance structure.[2]
- Effective communication strategy. [3]
- Lever opportunities presented by providers and payers in the health care sector. [4]

Health Improvement Activities

- Defined goals and objectives.[3]
- Planning and priority setting.
- Community Health Improvement Plan.[2]
- Targeted population.
- Coordinated root cause prevention.

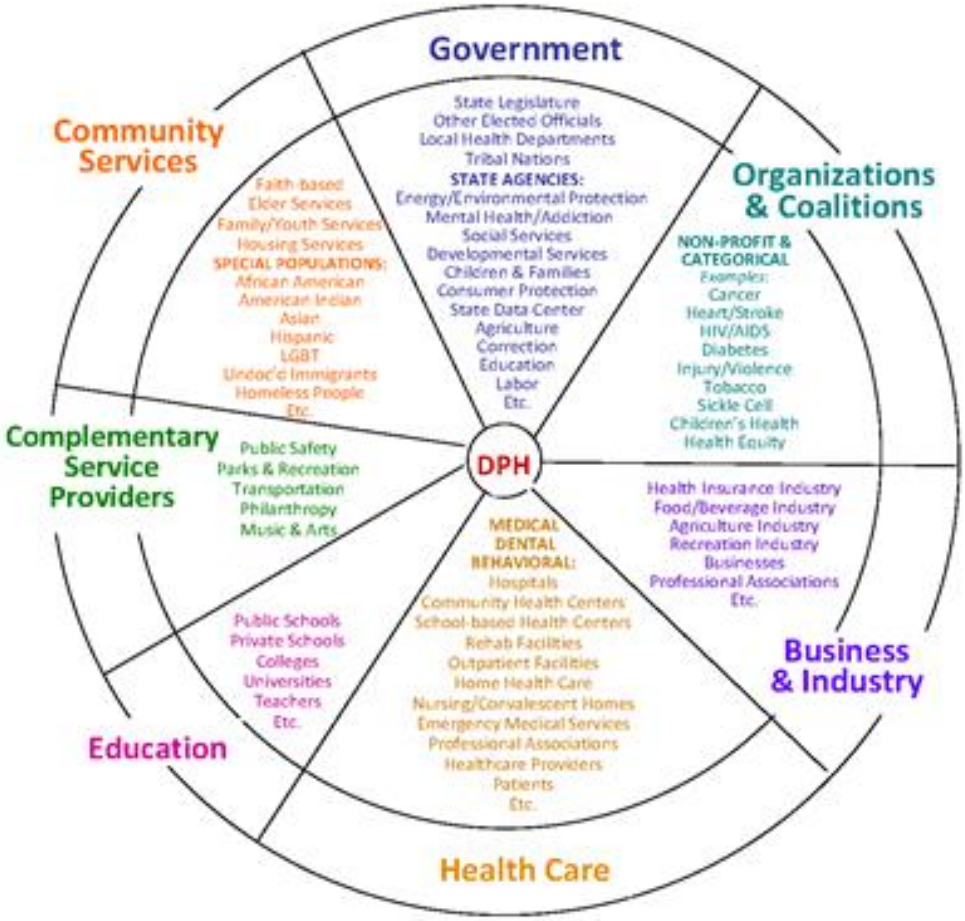
Process and Outcome Measures

- Systems for reliable and valid data.[5]
- Selection and use of measures to meet accountability and performance targets.
- Community Health Needs Assessment and asset mapping process.[6]
- Social determinants of health data for vulnerable populations.[7]

Sustained Funding Mechanisms[5,6]

- Sustainable funding model that supports ongoing cross-sector activities.
- Reliable revenue streams to cover the full cost of partnership.
- Rewards investors proportionate to the economic value of health improved.

HECs will engage a diverse range of stakeholders to ensure cross-sector buy-in and collaboration. When identifying stakeholders to engage, reference communities should look broadly across the health system and consider the range of potential sectors and stakeholders look beyond traditional partners and existing relationships to increase the breadth of perspectives represented in the process.


Government
State Legislature
Other Elected Officials
Local Health Departments
Tribal Nations
STATE AGENCIES:
Energy/Environmental Protection
Mental Health/Addiction
Social Services
Developmental Services
Children & Families
Consumer Protection
State Data Center
Agriculture
Correction
Education
Labor
Etc.
Community Services
Faith-based
Elder Services
Family/Youth Services
Housing Services
SPECIAL POPULATIONS:
African American
American Indian
Asian
Hispanic
LGBT
Undoc'd Immigrants
Homeless People
Etc.
Organizations & Coalitions
NON-PROFIT & CATEGORICAL
Examples:
Cancer
Heart/Stroke
HIV/AIDS
Diabetes
Injury/Violence
Tobacco
Sickle Cell
Children's Health
Health Equity
Complementary Service Providers
Public Safety
Parks & Recreation
Transportation
Philanthropy
Music & Arts
DPH
Health Insurance Industry
Food/Beverage Industry
Agriculture Industry
Recreation Industry
Businesses
Professional Associations
Etc.
MEDICAL
DENTAL
BEHAVIORAL:
Hospitals
Community Health Centers
School-based Health Centers
Rehab Facilities
Outpatient Facilities
Home Health Care
Nursing/Convalescent Homes
Emergency Medical Services
Professional Associations
Healthcare Providers
Patients
Etc.
Public Schools
Private Schools
Colleges
Universities
Teachers
Etc.
Business & Industry
Education
Health Care

1.3 Reference Community

The State intends to partner with at least three communities to examine their local context and how HEC concepts would apply. This engagement will inform the HEC strategy and also illustrate how the evolving HEC strategy would be applied to an actual Connecticut community. These partner communities are referred to as **"reference communities."**

Each reference community will be represented by a multi-sector health collaborative that is generally defined as a coalition of partners from health, social service, and other sectors working together to community health improvement and equity. Below, we provide a description for the appropriate use of terms when referring to an existing community health collaborative, a reference community, and a Health Enhancement Community.

APPROPIATE USE OF TERMS

Community Health Collaborative	A community health collaborative refers to independent efforts among regional private and/or public organizations to build partnerships, identify and address health priorities, develop a vision and scope for the partnerships and share community assets to advance commonly agreed interventions, evaluate them and ensure sustainability.
Reference Community	A reference community refers to geographically defined areas of the state where at least one community health collaborative is sufficiently active to work with the State on developing a joint HEC strategy.
Health Enhancement Community (HEC)	A Health Enhancement Community refers to an optimal stage of development reached by any Connecticut community designated as prepared to implement an HEC strategy.

2 PARTICIPATION REQUIREMENTS

Successful applicants will be expected to commit to the following:

1. Remain actively engaged as the lead organizing entity for the duration of the 7-month period. This includes:
    - Commit dedicated personnel to work on this effort, interact with the State on an agreed-upon schedule, and participate in workshops, meetings, webinars, and information requests.
2. Maintain active multisector engagement in the planning process. This may include hospitals, social service organizations, municipal government, local public health departments, non-profit organizations, businesses, and more.
    - May include following-up with feedback, assisting with identifying relevant stakeholders, scheduling meetings and ensuring input is received.
    - Contribute collective knowledge, information and insights on behalf of the collaborative.
    - Enable community resident participation in the process.

3. Provide the State with relevant data that can shed light on community characteristics, strategies, and opportunities/barriers.
    - May include community-level assessments and sector-specific data. Note that the State is not asking for patient-level data.
4. Provide the State with relevant information related to past experiences and future plans.
    - Please see section, "Frame for Reference Communities" for topics and questions that will be addressed in the planning process.
    - May include compiling information needed by the State from disparate sources.
5. Produce a Final Report, capturing the outputs described in **Table 1: Reference Community Engagement Framework**, below. The report will illustrate what the collaborative/community would undertake if they were to enter into a demonstration as described in Section 2.1, below. This includes describing the "to be" vision for the community and the collaborative. The State's consultant will assist the reference community in producing the report.

2.1 FRAME FOR ENGAGING REFERENCE COMMUNITIES

Collaboratives: Context

The United States has among the highest rates of chronic disease, and a below-average life expectancy, compared with other OECD countries. The US achieves this health status, despite spending 18% of the GDP on healthcare, nearly twice that of other OECD countries. Conversely, the US spends only 1% to 2% on prevention, and substantially less than other countries on the social, behavioral, and environmental factors that contribute to poor health.

In Connecticut and nationally, local stakeholders are increasingly developing multisector regional collaboratives to improve community health. Typically, such collaboratives include public health agencies, health care systems, and other sectors such as education, housing, transit, and social services. These types of multi-sector networks show promise in reducing preventable deaths[1]. However, despite the enormous efforts within communities to create impact and address social determinants of health, health improvement remains difficult to achieve due to the complexity of factors involved.[2] Chief among them is the lack of funding to carry out initiatives of meaningful scope and scale.

Healthcare Payment Models: Their Promises and Limitations

Our disproportionate investment in healthcare is perhaps in part the result of more than fifty years of fee-for-service reimbursement, which pays providers for how much they do, not for the value of the services they provide. Today's alternative payment models such as the Medicare Shared Savings Program, are beginning to correct the problems of fee-for-service reimbursement by shifting the focus from volume to value. These new models reward providers for providing high quality, cost-effective care for patients with acute or chronic healthcare problems (or conversely, penalize providers who fail to do so). Because of these new financial

[1] Zahner SJ, et. al. The mobilizing action toward community health partnership study: multisector partnerships in US counties with improving health metrics. Prev Chronic Dis. 2014; 10:E05.

[2] IOM. U.S. Health in International Perspective: shorter lives, poorer health. Washington (DC): National Academies Press; 2013.

rewards and penalties, there has been a great deal of innovation and investment focused on providing better healthcare at lower cost.

Unfortunately, these new payment models do not reward providers for preventing new health problems from occurring. As a result, it remains difficult to get healthcare systems to focus on reducing health risk by addressing root cause contributors to health problems, whether social, behavioral, environmental, or genetic. Even if healthcare payment models rewarded prevention, the healthcare sector alone is limited in its ability to address the social, behavioral, and environmental factors that contribute to poor health.

Payment Reform to Support Collaborative Efforts

A payment reform is needed that rewards prevention and all of the sectors of a community that contribute to prevention outcomes. Providing for a return on investments in prevention would make it easier to garner the investments needed to carry out *collective, place-based primary and secondary prevention efforts*.

Health Enhancement Community (HEC) Demonstration

Through the HEC initiative, the State is proposing to undertake a multi-payer demonstration with Medicare, Medicaid and commercial health plans. Under this demonstration, payers would agree to share savings associated with a reduction in health problems (and associated healthcare costs) that result from primary and secondary prevention.

The State is proposing to designate multi-sector collaboratives as HECs to assume accountability for reducing the incidence and prevalence of acute and chronic illness and injury. Each HEC would govern shared assets and pooled prevention investment funds. HECs would coordinate the strategies of multi-sector partners who agree to make prevention aligned investments.

For example, an HEC proposes to invest in a set of prevention strategies to reduce the incidence and prevalence of falls among the elderly over 5 or 10 years. If the HEC is able to reduce the rate of falls incrementally over 10 years, they could receive a portion of the cost savings. This money could then be re-invested in subsequent prevention efforts.

How Reference Communities will be Engaged Once Selected

Reference communities, represented by an existing collaborative, will be asked to consider how they would prepare to enter into this type of demonstration with the State and federal government. The State and Reference Communities will examine a series of topics and associated questions relevant to this type of demonstration. These topics are captured in the table below. This engagement will occur through meetings, webinars, workshops, review of existing materials, or other means. The reference community will assist the state in gathering needed information and supporting materials, ensuring that a broad array of stakeholders--including members of the community--are heard, and actively participating in discussions.

Planning Parameters:

- *Prevention focused:* Proposed strategies must focus on root-cause preventive interventions rather than treatment. An initiative that focuses on preventing avoidable ED or hospital visits for patients with COPD would be out-of-scope. However, upstream interventions targeting environmental causes of COPD would be in-scope.
- *Multi-sector:* Strategies must involve multiple sectors such as the business, municipal, educational, social service, public health, healthcare, and others.

- *Impact within 10 years:* The health and economic benefits must accrue within 10 years. For example, strategies to improve access to healthy food among school age kids are likely to show some level of progress within a 10-year period.
- *Address factors within a community's influence:* Although state and federal policies and macro-economic trends impact the health of communities, HEC strategies should focus on local initiatives that the cross-sector collaborative can feasibly achieve.

Table: Reference Community Engagement Framework

Topic	**Questions that will be answered in partnership between the reference communities and the State** ***If your Collaborative were to enter into this demonstration…***	**What will enable us to answer that question?**	**After we answer the questions, what will we produce**
Community Overview	What do we need to know about your community to provide context for this work?	Data and information collected and presented by the Collaborative on community characteristics and current and prior efforts, including from community health needs assessments, focus groups, listening sessions, surveys, etc. Data and information provided by the State and consultants on community characteristics. Examples from SMEs	Synthesis of key community characteristics and current and prior efforts
Health Improvement Priorities	What are the biggest health problems that you would prioritize for the next 3, 5, and 10 years?	A process to assess and pick priorities using criteria such as: • Is the problem preventable? • How many people in your community are directly or indirectly effected? • Is problem or risks associated with the problem increasing? • Is there a readily available and timely data source with which to measure progress? • How bad are the health outcomes of the problem? • How costly are the poor outcomes and who pays those costs? • Can improvements be quantified in terms of benefits to community collaborators individually or for the community? • Are their evidence-informed strategies that show good outcomes or promise of good outcomes?	3-5 priorities by timeframe

		• Can our collaborative can do something to improve outcomes and reduce costs? • Can make significant improvements in 3, 5, and 10 years? • Are their existing resources available to support solutions? • How likely is it that we can sustain solutions with existing resources? • How likely is it that we can sustain solutions with new lasting resources? • What interests community members the most? Data and information from the Collaboratives, the State, and consultants from community needs assessments, Community Health Improvement Plans, Department of Population Health data (BRFSS), national reports (e.g., 500 cities report), All-Payer Claims Database, etc. New data and information from community focus groups, listening sessions, surveys, etc.	
Root Causes	What are the biggest drivers of the above health problems in your community?	Data and information from the Collaboratives, the State, and consultants from community needs assessments, Community Health Improvement Plans, Department of Population Health data (BRFSS), Quality Improvement tools, local reports, curated evidence-based literature (from State, local health departments, and SMEs) New data and information from community focus groups, listening sessions, etc.	1-3 root causes per priority
Health Improvement Strategies	What are the evidence-informed strategies that would be undertaken to address the root causes?	Community Health Improvement Plans, existing local initiatives, curated resources/options (from the State and SMEs) New information from community focus groups, listening sessions, etc.	2-3 strategies per root cause

Target Population	What are the populations that you will target your strategies to achieve the expected outcomes	Community Health Improvement Plans, existing local initiatives, curated resources/options (from the State and SMEs) New information from community focus groups, listening sessions, etc.	Target populations per strategy
Activities	What are the activities that would support each strategy?	Community Health Improvement Plans, existing local initiatives, curated resources/options (from the State and SMEs)	2-3 activities per strategy
Existing Resources	What existing resources (e.g., funds, reimbursement, staff, infrastructure, etc.) could be leveraged to support implementing and sustaining the HEC infrastructure, strategies, and activities?	Scan of community resources and assets by organizations and source (municipal, state, private, etc.) Examples from other states (from State and SMEs)	Resource plan
Implementation Funds	How would the upfront funds be raised to implement the proposed HEC infrastructure, strategies, and activities?	Scan potential or committed implementation funds by source Examples from other states (from State and SMEs)	Financing plan for raising funds to support implementation
Sustainable Financing	What additional financial vehicles will be explored to sustain this effort?	Financing scope, including details of what will need to be sustained long term Scan of community sustainable financing options by source (municipal, state, private, etc.), including opportunities to braid or blend resources Examples from other initiatives (from State and SMEs) (e.g., social impact bonds, wellness trust)? Ability to quantify costs and benefits to inform potential investments from both public and private payers.	Financing plan for raising sustainable financing

Accountability Management	How will strategies and activities be coordinated, managed, and monitored?	Management resources that leverage existing Collaborative infrastructure Examples from other initiatives and states (from State and SMEs)	Accountability framework and management plan
Tracking Progress	Which process and outcome measures would you track?	Current indicators being tracked Examples from other initiatives and states (from State and SMEs)	2-3 process measure per activity; 1-2 outcome measures per priority
Data and Qualitative Information	What data and qualitative information would you need to manage each activity and track progress and performance? *Note that data must be granular enough to assess progress on activities* What barriers will have to be overcome to sharing data?	Current local and state data assets Data from other sources (Data Haven, BRFSS, etc.) Information from community focus groups, listening sessions, surveys, etc. Examples from other initiatives and states (from State and SMEs)	Summary of activity specific data needs and potential solutions to overcome barriers
Key Partners	Which organizations would be responsible for what aspect of implementation? Which stakeholders, sectors, and organizations would need to be represented on the Collaborative and in what way?	Assessment of existing Collaborative engagement Examples from other initiatives and states (from State and SMEs)	Engagement plan describing which stakeholders would be involved and how
Partner Commitment	How will responsibility be shared? What would be needed to maintain commitment and engagement?	Local examples Matching strategies, activities, and other roles to specific partners Examples from other initiatives and states (from State and SMEs)	Proposed principles and strategies of commitment; agreement template

Community engagement	How would you engage community residents? How would you communicate progress?	Community focus groups, listening sessions, town hall meetings, and current communication methods	Engagement and communication plan
Partners Capacity	What additional capacity would be needed among partners to support implementation and HEC operations?	Assessment of current capacity vs. anticipated demand Existing capacity-building resources and infrastructure	Partner capacity plan
Geographic Size	How large or small would the catchment area of the Collaborative have to be to make an impact and garner investments while still being able to manage the effort?	Granular data and information (from Collaborative and State) Assessment of partners, local assets, and current service areas demarcations	Outline of sufficient geographic boundaries
Collaborative Capacity	What is the additional capacity does the Collaborative need to coordinate and manage the HEC, implementation of strategies and activities, and funds administered by the Collaborative?	Assessment of gaps current capacity Examples from other initiatives and states (from State and SMEs)	Summary of capacity needed, including FTEs and roles
Governance	Would your governance model need to change? If so, how (e.g., nonprofit status)? Who would be the organization leading the effort (the backbone organization)?	Assessment of current governance structure Examples from other initiatives and states (from State and SMEs)	Governance model, proposed changes, and backbone organization
Funds Distribution	How would the Collaborative govern and distribute the implementation funds?	Assessment of current fund distribution methods	Funds distribution model

	What principles should govern the distribution of sustainable financing?	Examples from other initiatives and states (from State and SMEs)	
Authority	Is the authority that currently exists within the Collaborative and among the partners sufficient to enable implementation? Is state designation needed?	Assessment of current authority Examples from other initiatives and states (from State and SMEs)	Summary of authority levers
Feasibility and Risks	How feasible is it for your region to do this? What are the risks and considerations that should be considered?	Assessment of part successes, barriers, and risks Examples from other initiatives and states (from State and SMEs)	Summary of risks, mitigation strategies, and feasibly analysis
Other Considerations and New Ideas	What would you do differently from what you are doing now that was not captured in the above? What are new ideas that the State should consider in relation to this demonstration?	TBD	TBD

3 QUALIFICATIONS

Collaboratives eligible to apply for this solicitation must meet these requirements:

1. Must have formal processes; joint planning, prioritization and decision making. This includes having regularly scheduled and well-attended collaborative meetings;
2. Must include a variety of sectors as active members. This may include hospitals, social service organizations, municipal government, local public health departments, non-profit organizations, businesses, and more;
3. Must have formal representation by a lead organizing entity;
4. Must have defined goals and objectives with aligned health improvement activities. This includes a coordinated effort to address health disparities;
5. Must have an established regional geographic service area with boundaries no larger than a county;
6. Must demonstrate a shared commitment among participant organizations and leadership to work closely with the State as active participants and co-creators of the HEC strategy;
7. Must have access to community-specific information and data relevant to the population served. This includes a completed community health needs assessment;
8. Must have explored options to establish funding sources that support ongoing cross-sector activities;
9. Must demonstrate collective readiness to examine barriers and opportunities to governance, management, infrastructure, data, measurement and financing with respect to cross-sector health and prevention activities.

4 FUNDING OPPORTUNITY DESCRIPTION

4.1 PURPOSE

Funding available through this RFP is intended to provide direct funding to the lead organizing entity and fiduciary agent of the applying collaborative. Funds awarded are to support the collaborative's participation in the HEC planning process as a reference community, and to meet the participation requirements, as described in **Section 2. Participation Requirements**.

4.2 AWARD AMOUNT AND TYPE

The Connecticut State Innovation Model Program Management Office (SIM PMO) is making available **total awards of up to $50,000 per Applicant** for a 7-month period. The amount awarded may vary depending on the strength of the application, and the size of the applicant. Awardees may not receive the award amount requested and may be asked to revise the work plan and budget to reflect the award.

4.3 WHAT AWARDS MAY FUND

Awards will support collaboratives for the following activities:

- The lead organizing entity may appoint or hire a part-time project coordinator to:
    - Serve as a liaison between the collaborative, lead organizing entity and the State;
    - Provide regular status updates and attend project meetings;
    - Respond to all requests for information from the HEC planning consultant;
    - Perform networking and communication activities;

    - Research relevant sources of local capital;
    - Conduct ongoing local strategy analysis.
- Allowable cost would include necessary inputs to address questions during the planning process such as:
    - Communications costs
    - Printing materials
    - Meeting and workshops aids, etc.
- Equipment is not an allowable cost under this award.

4.4 Period of Performance

The anticipated period of performance for the awards are specified in the **Executive Summary.**

4.5 Termination of Award

Continued funding is dependent on satisfactory progress of the awarded applicant in meeting the goals of the planning process and a determination that continued funding is in the best interest of the State. The SIM PMO may terminate or modify an award based on our review of an awardee's progress. Proposals will be funded subject to meeting terms and conditions specified in the contract, and awards may be terminated if these terms and conditions are not met.

5 APPLICATION DETAILS

5.1 Submission Instructions

This Request for Proposals serves as the application package and contains all the instructions to enable a potential applicant to apply.

5.1.1 Letter of Intent to Apply

Respondents are strongly encouraged to submit non-binding, optional, Letter of Intent to Apply (LOI). Please refer to the Executive Summary for the due date.

Please submit your Letter of Intent by email to:
Faina Dookh, Faina.dookh@ct.gov.

The LOI should provide a brief description of the applicant. The LOI must clearly identify the sender, including name, mailing address, telephone number, and email address. There are no format requirements for the LOI.

5.1.2 Respondents' Questions

The SIM PMO encourages Respondents to submit questions by email (to faina.dookh@ct.gov) seeking clarification of the RFP requirements. Questions will be reviewed on an ongoing basis and responses will be posted within 5 business days of receipt. The PMO will respond to all questions in one or more official addenda that will be posted to the Department of Administrative Services (DAS) website (http://www.biznet.ct.gov/SCP_Search/BidResults.aspx).

5.1.3 Submission Requirements

The proposal must be submitted by the lead organizing or fiduciary entity on behalf of a community health collaborative with evidence (i.e. signatures or letters of support) of collaborative partnerships having jointly agreed to be active participants in the HEC initiative as a designated reference community.

Please submit the proposal to faina.dookh@ct.gov no later than the established deadline listed in the Executive Summary.

5.1.4 Format Requirements

In order to ensure readability by reviewers, fairness in the review process, and consistency among applications, each application must follow the following specifications to be reviewed:

- Use 8.5" x 11" letter-size pages with 1" margins (top, bottom, and sides).
- All pages of the Response must be paginated in a single sequence.
- Font size must be no smaller than 12-point
- Follow the page limits as detailed in the next section.

5.2 APPLICATION CONTENT

The application should be written primarily as a narrative in response to the following questions. Please complete this application using collective input of collaborative partners. The applicant should organize their response based on the sections detailed below.

I. PROPOSAL FACE SHEET

See **Attachment A**

II. TRANSMITTAL LETTER (No more than 2 pages)

Written statement that addresses:

- That the Respondent accepts without qualification:
  - Assurances and Acceptance (RFP Section 6.2.9);
  - all Mandatory Terms and Conditions;
- Brief statement outlining experience and qualifications to undertake this project;
- A statement that any submitted response and cost shall remain valid for one hundred twenty (120) days after the proposed due date or until the contract is approved, whichever comes first;
- Evidence of Qualified Entity: The Respondent shall provide written assurance to the PMO from its legal counsel that it is qualified to conduct business in Connecticut and is not prohibited by its articles of incorporation, bylaws, or the law under which it is incorporated from performing the services required under any resultant contract.
- Sanction – Disclosure: The Respondent shall provide a statement that attests that no sanction, penalty or compliance action has been imposed on the Respondent within three years immediately preceding the date of this RFP. If the Respondent proposes the use of a subcontractor, each proposed subcontractor must provide the same statement.

III. APPLICATION NARRATIVE (5 pages, single-spaced)

The Application Narrative should address the collaborative structure, resources, past and current activities, level of commitment and the overall state of readiness to participate in the HEC planning process. While some questions are indicated as informational only and do not contribute to the scoring or selection process, applicants are encouraged to respond to each question and provide as much information as possible.

1. Collaborative/Community Attributes
a. Collaborative name, date of origin and meeting schedule/frequency.
b. Describe the collaborative service area by geography (boundaries, urban or rural, etc.) and the specific subpopulation served, if any.
c. Collaborative size (number of participating organizations)/meeting frequency/member attendance.
d. Describe the collaborative governance structure, lead organizing entity or backbone organization.
e. List all collaborative partners by sector, organization name, their current involvement, representative's role/title.
f. **Collaborative self-assessment**—Rate the following statements about your collaborative, from 5 (highest) to 1 (lowest), and provide evidence demonstrating this capacity Scale: 5=highest, 4=strong, 3=medium, 2=some, 1=none. i. Strong buy-in from a diverse set of stakeholders. ii. Clarity regarding roles, lines of accountability and authority. iii. Shared vision and mission. iv. Defined goals and objectives with aligned activities/health improvement plan (CHIP). v. Shared measurement, data collection, and use of measures to meet accountability and performance targets. vi. Reliable revenue streams to cover the full cost of partnership/sustainability plan.
g. **Collaborative formal processes** —Rate the following statements about your collaborative, from 5 (highest) to 1 (lowest), and provide evidence demonstrating this capacity Scale: 5=highest, 4=strong, 3=medium, 2=some, 1=none. i. Joint planning, prioritization and decision-making, including funding decisions/financial management across the collaborative. ii. Project management, tracking and reporting. iii. Continuous, open communication that builds trust, alignment and accountability. iv. Engaging community participation, incorporating diverse perspectives, and facilitating collective action at both the organizational and grass roots levels. v. Capacity building to address emerging needs and continuously improve results. vi. Recognition and encouragement.
2. Health Improvement Activities
a. Status of local public health accreditation and community health improvement plan.
b. What are the collaborative's top three priority areas, goals and objectives? Were these determined through a community health needs assessment process?
c. Give examples of 3 to 5 evidence-based prevention/health improvement activities in place now or recently completed.
d. Describe efforts of alignment with other community and human services initiatives.
e. Provide evidence of a shared understanding of regional health disparities and root cause prevention.
3. Process and Outcome Measures
a. Describe how the collaborative selects and uses performance measures to assess population health and health improvement activities.
b. Please describe the collaborative's role and level of involvement in the completion of a community health needs assessment. Provide a link to the assessment or submit with your application.
c. Access to data sets—list the source and population covered.
d. How is local data shared?
4. Systems for Financing Health

a. List available funding sources to support collaborative efforts. If no sources are available, describe barriers to securing funding.
b. What is the collaborative's current capacity for fiduciary roles?
c. How confident is the applicant of securing the funding required to support the collaborative's current planned activities over the next five years?
d. Is the collaborative aware of or currently seeking alignment with healthcare payment reform programs/practice transformation initiatives?
e. If available, provide examples of program return on investment (ROI), estimated costs shared, and economic opportunity.
5. Shared Commitment
a. What motivates participants in your collaborative to support this application?
b. Is there evidence that leadership from participant organizations will offer institutional commitment to advance the HEC strategy?
c. Describe the collaborative's five-year plan. i. Top three overall strengths of the collaborative. ii. Top three overall areas of need.

IV. LEAD ENTITY AND PROJECT COORDINATION (2 pages, single-spaced)

This section should describe the lead organizing entity that will coordinate the planning if selected. The Respondent should organize the narrative in the following sections:

1. Qualifications and Experience

a. Describe the governance process and structure that resulted in the selection of the lead organizing entity for the purposes of the HEC project.

b. Describe the anticipated key functions of the lead organizing entity in coordinating efforts and meeting the program requirements outlined in Section 2.

2. Project Coordination

a. Describe how participation of the leading organizing entity for this project aligns with previously established roles and responsibilities.

b. Include the name of a project coordinator who will serve as a single point of contact and who will be available to provide status updates and attend all project meetings at the request of the HEC planning consultant.

3. Partner Organization Signatures of Support (not counted towards page limit)

a. Provide signatures for all partner organizations that have agreed (at this time) to support submission of this application to participate as a HEC reference community, and who commit to engage with the State in this planning effort. Please use the following format. Multiple signatures may be included on a single page.

I, _____ (Print Name) the _____ (Title) of _____ (Organization Name), state that I am authorized and empowered to sign on behalf of my organization as a partner in the _____ (Collaborative Name). By signing, I am affirming that I have read and agree to the terms of this application, and I hereby volunteer as an active participant in the collaborative effort of identifying community-specific solutions that will advance the development of an actionable HEC strategy.

V. BUDGET NARRATIVE (no page limit)

The Respondent must submit a budget narrative. The instructions are in **Attachment C.**

VI. STANDARD FORMS

The Respondent shall submit the following standard forms:

- **Procurement Agreement Signatory Acceptance:** Proposal must include a Statement of Acceptance, without qualification of all terms and conditions within this RFP and the Mandatory Terms and Conditions for a PSA contract (with proposal, see Attachment B)
- **Consulting Agreement Affidavit** (with proposal, OPM Ethics Form 5, see section 6.3.11)
- **Affirmation of Receipt of State Ethics Laws Summary** (with proposal, OPM Ethics Form 6)
- **Iran Certification** (with proposal, OPM Ethics Form 7)
- **Gift and Campaign Contributions** (prior to contract, OPM Ethics Form 1, see section 6.3.11)
- **Nondiscrimination Certification Form** (prior to contract, see section 6.3.11)

6 REVIEW AND SELECTION

6.1 EVALUATION CRITERIA

The evaluation criteria are based on a total of 100 points allocated across sections of the application narrative, project coordination narrative, and budget narrative sections. The evaluation will focus on the ability of the collaborative to demonstrate that they are ready, committed, and have enough experiences related to meet the participation requirements. The evaluation will also focus on selecting a set of communities that are varied enough to have some representation of Connecticut as a whole.

6.2 REVIEW AND SELECTION PROCESS

It is the intent of the PMO to conduct a comprehensive, fair and impartial evaluation of the Responses received to this competitive procurement. Only those submissions that the PMO deems responsive to the RFP requirements will be evaluated and scored.

A team consisting of qualified experts will review the applications to assess the degree of responsiveness, and clarity in their plan to meet the project goals and milestones. The review process will include the following:

- To be considered for review, applications will first be screened for completeness and adherence to eligibility.
- The review panel will assess each application to determine the merits of the proposal. The PMO reserves the right to request that Respondents revise or otherwise modify their proposals and budget based on PMO recommendations.
- The PMO may elect to conduct interviews with the finalists prior to awarding the right to negotiate a contract. Any expenses incurred by the Respondent to participate in such interview shall be the responsibility of the Respondent.
- The results of the review of the applications will be used to advise the PMO approving official. Final award decisions will be made by the designated approving official. In making these decisions, the approving official will take into consideration: recommendations of the review panel; the readiness of the applicant to complete the scope of work and objectives; and the reasonableness of the estimated cost to the government and anticipated results.
- The SIM PMO reserves the right to conduct negotiations with applicants upon receipt of their proposals.

6.3 PROCUREMENT PROCESS

6.3.1 Contract Execution

The contract developed as a result of this RFP is subject to State contracting procedures for executing a contract, which includes approval by the Connecticut Office of the Attorney General. Contracts become executed upon the signature of the Office of the Attorney General and no financial commitments can be made until and unless the contracts have been approved by the Office of the Attorney General. The Office of the Attorney General reviews the contract only after the Program Director and the Contractor have agreed to the provisions.

6.3.2 Acceptance of Content

If acquisition action ensues, the contents of this RFP and the Response of the successful Respondent will form the basis of contractual obligations in the final contract. The resulting contract will be a Personal Service Agreement (PSA) contract between the successful Respondent and the PMO. The PMO is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

6.3.3 Debriefing

The PMO will notify all Respondents of any award issued as a result of this RFP. Unsuccessful Respondents may, within thirty (30) days of the signing of the resultant contract(s), request a Debriefing of the procurement process and its submission by contacting the Official Contact in writing at the address previously given. A Debriefing may include a request for a copy of the evaluation tool, and a copy of the Respondent's scores including any notes pertaining to the Respondent's submission. Debriefing information that has been properly requested shall be released within five (5) business days of the PMO's receipt of the request.

Respondents may request a Debriefing meeting to discuss the procurement process by contacting the Official Contact in writing at the address previously given. Debriefing meetings that have been properly requested shall be scheduled within fifteen (15) days of the PMO's receipt of a request.

A Debriefing will not include any comparisons of unsuccessful proposals with other proposals.

6.3.4 Appeal Process

The Respondent may appeal any aspect of the competitive procurement; however, such appeal must be in writing and must set forth facts or evidence in sufficient and convincing detail for the PMO to determine whether – during any aspect of the competitive procurement – there was a failure to comply with the State's statutes, regulations, or standards concerning competitive procurement or the provisions of the Procurement Document. Appeals must be submitted by the Respondent to Ted Doolittle (Ted.Doolittle@ct.gov), with a copy to the Contract Administrator.

Respondents may submit an Appeal to the PMO any time after the submission due date, but not later than thirty (30) days after the PMO notifies Respondents about the outcome of a competitive procurement. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days.

Following the review process of the documentation submitted, but not later than thirty (30) days after receipt of any such Appeal, a written decision will be issued and delivered to the Respondent who filed the Appeal and any other interested party. The decision will summarize the PMO's process for the procurement in question; and indicate the Agency Head's finding(s) as to the merits of the Respondent's Appeal.

Any additional information regarding the Debriefing and/or the Appeal processes may be requested from the Official Contact for this RFP.

6.3.5 Contest of Solicitation of Award

Pursuant to Section 4e-36 of the Connecticut General Statutes, "Any Respondent or RESPONDENT on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting Standards Board…" Refer to the State Contracting Standards Board website at www.ct.gov/scsb.

6.3.6 Disposition of Responses- Rights Reserved

Upon determination that its best interests would be served, the PMO shall have the right to the following:

1. **Cancellation:** Cancel this procurement at any time prior to contract award.
2. **Amend procurement:** Amend this procurement at any time prior to contract award.
3. **Refuse to accept:** Refuse to accept, or return accepted Responses that do not comply with procurement requirements.
4. **Incomplete Business Section**: Reject any Response in which the Business Section is incomplete or in which there are significant inconsistencies or inaccuracies. The State reserves the right to reject all Responses.
5. **Prior contract default:** Reject the submission of any Respondent in default of any prior contract or for misrepresentation of material presented.
6. **Received after due date:** Reject any Response that is received after the deadline.
7. **Written clarification:** Require Respondents, at their own expense, to submit written clarification of their Response in a manner or format that the PMO may require.
8. **Oral clarification:** Require Respondents, at their own expense, to make oral presentations at a time selected and in a place provided by the PMO. Invite Respondents, but not necessarily all, to make an oral presentation to assist the PMO in their determination of award. The PMO further reserves the right to limit the number of Respondents invited to make such a presentation. The oral presentation shall only be permitted for clarification purposes and not to allow changes to be made to the submission.
9. **No changes:** Allow no additions or changes to the original Response after the due date specified herein, except as may be authorized by the PMO.
10. **Property of the State:** Own all Responses submitted in response to this procurement upon receipt by the PMO.
11. **Separate service negotiation:** Negotiate separately any service in any manner necessary to serve the best interest of the State.
12. **All or any portion:** Contract for all or any portion of the scope of work or tasks contained within this RFP.
13. **Most advantageous Response:** Consider cost and all factors in determining the most advantageous Response for the PMO when awarding the right to negotiate a contract.
14. **Technical defects:** Waive technical defects, irregularities and omissions, if in its judgment the best interests of the PMO will be served.
15. **Privileged and confidential communication:** Share the contents of any Response with any of its designees for purposes of evaluating the Response to make an award. The contents of all meetings, including the first, second and any subsequent meetings and all communications in the course of negotiating and arriving at the terms of the Contract shall be privileged and confidential.

16. **Best and Final Offers:** Seek Best and Final Offers (BFO) on price from Respondents upon review of the scored criteria. In addition, the PMO reserves the right to set parameters on any BFOs it receives.
17. **Unacceptable Responses:** Reopen the bidding process if the PMO determines that all Responses are unacceptable.

6.3.7 Qualification Preparation Expenses

The PMO assumes no liability for payment of expenses incurred by Respondents in preparing and submitting Responses to this procurement.

6.3.8 Response Date and Time

To be considered for selection a Response must be received by the PMO by the date and time stated in the Executive Summary of this RFP. Respondents should not interpret or otherwise construe receipt of a Response after the closing date and time as acceptance of the Response, since the actual receipt of the document is a clerical function. The PMO suggests the Respondent e-mail the proposal with receipt confirmation. Respondents must address all RFP communications to the PMO.

6.3.9 Assurances and Acceptances

1. **Independent Price Determination**: By submission of a Response and through assurances given in its Transmittal Letter, the Respondent certifies that in connection with this procurement the following requirements have been met.
    a. Costs: The costs proposed have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such process with any other organization or with any competitor;
    b. Disclosure: Unless otherwise required by law, the costs quoted have not been knowingly disclosed by the Respondent on a prior basis directly or indirectly to any other organization or to any competitor;
    c. Competition: No attempt has been made or will be made by the Respondent to induce any other person or firm to submit or not to submit a Response for the purpose of restricting competition;
    d. Prior Knowledge: The Respondent had no prior knowledge of the RFP contents prior to actual receipt of the RFP and had no part in the RFP development; and
    e. Offer of Gratuities: The Respondent certifies that no elected or appointed official or employee of the State of Connecticut has or will benefit financially or materially from this procurement. Any contract arising from this procurement may be terminated by the State if it is determined that gratuities of any kind were either offered to or received by any of the aforementioned officials or employees from the contractor, the contractor's agent or the contractor's employee(s).
2. **Valid and Binding Offer:** Each Response represents a valid and binding offer to the PMO to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.
3. **Press Releases**: The Respondent agrees to obtain prior written consent and approval from the PMO for press releases that relate in any manner to this RFP or any resulting contract.
4. **Restrictions on Communications with PMO Staff:** The Respondent agrees that from the date of release of this RFP until the PMO makes an award that it shall not communicate with PMO staff on matters relating to this RFP except as provided herein through the PMO. Any other communication concerning this RFP with any of the PMO's staff may, at the discretion of the PMO, result in the disqualification of that Respondent's Submission.

5. **Acceptance of the PMO's Rights Reserved:** The Respondent accepts the rights reserved by the PMO.
6. **Experience**: The Respondent has sufficient project design and management experience to perform the tasks identified in this RFP. The Respondent also acknowledges and allows the PMO to examine the Respondent's claim with regard to experience by allowing the PMO to review the related contracts or to interview contracting entities for the related contracts.

6.3.10 Incurring Costs

The PMO is not liable for any cost incurred by the Respondent prior to the effective date of a contract.

6.3.11 Statutory and Regulatory Compliance

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

1. Freedom of Information, C.G.S. § 1-210(b). This Contract is subject to C.G.S. § 1-1210(b). The Freedom of Information Act (FOIA) requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-1210(b). The proposer shall indicate if it believes that certain documents or a portion(s) of documents, as required by this RFP is confidential, proprietary or trade secret by clearly marking such in its response to this RFP. The State will make an independent determination as to the validity under FOIA of the proposer's marking of documents or portions of documents it believes should be exempt from disclosure. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive. CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
3. Consulting Agreements, C.G.S. § 4a-81. Proposals for State contracts with a value of $50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (a) Providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (b) Contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (c) Any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2). If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of $50,000 or more in a calendar or fiscal year, the

proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms

5. Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1). If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with written representation or documentation that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts–regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms.

6.3.12 Key Personnel

The PMO reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The department also reserves the right to approve replacements for key personnel who have terminated employment. The PMO further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the PMO.

6.3.13 Other

Bidding on and/or being awarded this contract shall not automatically preclude the Respondent from bidding on any future contracts related to the SIM. Continued funding is contingent upon the ongoing availability of funds, satisfactory program performance, and demonstrated need for these services.

7 DEFINITIONS AND ACRONYMS

DEFINITIONS

Health Enhancement Community Planning Consultant: The organization that provides, among other services, subject matter expertise, facilitation, and other services to the State as part of the Health Enhancement Community Initiative.

Contract: The contract awarded to the successful Respondents pursuant to this RFP.

Contractor: See "Health Enhancement Community Planning Consultant."

Respondent: An organization that has submitted a proposal to the SIM PMO in response to this RFP.

Subcontractor: An individual (other than an employee of the Contractor) or business entity hired by a Contractor to provide a specific service as part of a Contract with the SIM PMO as a result of this RFP.

ACRONYMS

CMMI Center for Medicare & Medicaid Innovations

DPH Department of Public Health (CT)

FQHC Federally Qualified Health Center

HEC Health Enhancement Community

OPM Office of Policy and Management

PMO Program Management Office (SIM)

RFP Request for Proposals

SIM State Innovation Model

ATTACHMENT A: PROPOSAL FACE SHEET

SIM PROGRAM MANAGEMENT OFFICE
REQUEST FOR PROPOSALS (RFP) HEC REFERENCE COMMUNITY
PROPOSAL FACE SHEET

1	**NAME OF COLLABORATIVE:** _____
2	**RESPONDING AGENCY** (Legal name and address of organization as filed with the Secretary of State): Legal Name: _____ Street Address: _____ Town/City/State/Zip: _____ FEIN: _____
3	**DIRECTOR/CEO** Name: _____ Title: _____ Telephone: _____ FAX: _____ Email: _____
4	**CONTACT PERSON** Name: _____ Title: _____ Telephone: _____ FAX: _____ Email: _____

ATTACHMENT B: PROCUREMENT AND CONTRACTUAL AGREEMENTS SIGNATORY ACCEPTANCE

Statement of Acceptance

The terms and conditions contained in this Request for Proposals constitute a basis for this procurement. These terms and conditions, as well as others so labeled elsewhere in this document are mandatory for the resultant contract. The Office of Health Strategy is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

On behalf of_____

I, _____agree to accept the Mandatory Terms and Conditions and all other terms and conditions as set forth in the HEC Reference Communities RFP Request for Proposals.

Signature: _____

Title: _____ Date: _____

ATTACHMENT C: BUDGET NARRATIVE GUIDANCE

INTRODUCTION
This guidance is offered for the preparation of a budget request. Following this guidance will facilitate the review and approval of a requested budget by ensuring that the required or needed information is provided. In the budget request, awardees should distinguish between activities that will be funded under this agreement and activities funded with other sources.

The Respondent may wish to request funding for personnel from their organization for the activities under this RFP. The Respondent may, alternatively, decide to request the funding for consulting services. If this is the case, these costs can be inserted as a subcontractor costs under C. Consultant Costs.

Please provide a Budget Summary table, as well as justification and cost tables for each of the requested budget categories A-G.

Budget Summary Table

Budget Category	***Total***
A. Personnel	
B. Fringe	
C. Consultant Costs	
D. Supplies	
E. Other	
F. Total Direct Costs	
G. Indirect Costs	
H. ***Total (F + G)***	

A. Salaries and Wages

For each requested position, provide the following information: name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

Position Title and Name	*Annual*	*Time*	*Months*	*Amount Requested*
Project Coordinator Susan Taylor	*$45,000*	*100%*	*12 months*	*$45,000*
Finance Administrator John Johnson	*$28,500*	*50%*	*12 months*	*$14,250*
Outreach Supervisor (Vacant)*	*$27,000*	*100%*	*12 months*	*$27,000*

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Coordinator - (Name)

This position directs the overall operation of the project; responsible for overseeing the implementation of project activities; coordination with other agencies; development of materials, provisions of in service and training; conducting meetings; designs and directs the gathering, tabulating and interpreting of required data; responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to HHS. This position relates to all program objectives.

B. Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. This can be done for all FTE in one table instead of itemizing per employee.

Sample

Example: Project Coordinator — Salary $45,000

Retirement 5% of $45,000	=	*$2,250*
FICA 7.65% of $45,000	=	*3,443*
Insurance	=	*2,000*
Workers' Compensation	=	_____
	Total:	

C. Consultant Costs

This category is appropriate when hiring an individual to give professional advice or services for a fee but not as an employee of the awardee organization. Hiring a consultant requires submission of the following information:

1. Name of Consultant;
2. Organizational Affiliation (if applicable);
3. Nature of Services to be Rendered;
4. Relevance of Service to the Project;
5. The Number of Days of Consultation (basis for fee); and
6. The Expected Rate of Compensation (travel, per diem, other related expenses)—list a subtotal for each consultant in this category.

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

D. Supplies

Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Budget

Supplies

General office supplies (pens, pencils, paper, etc.)

12 months x $240/year x 10 staff	*=*	*$2,400*
Educational Pamphlets (3,000 copies @) $1 each)	*=*	*$3,000*
Educational Videos (10 copies @ $150 each)	*=*	*$1,500*
Word Processing Software (@ $400—specify type)	*=*	*$ 400*

Sample Justification

General office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Word Processing Software will be used to document program activities, process progress reports, etc.

E. Other

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

Sample Justification

Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If the items are not self-explanatory and/or the cost is excessive, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

F. Total Direct Costs $_____

Show total direct costs by listing totals of each category.

G. Indirect Costs $ _____

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the Cognizant Federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.

Sample Budget

The rate is_____% and is computed on the following direct cost base of $_____.

Personnel $

Fringe $

Supplies $

Other$_____

Total $ x____% = Total Indirect Costs